



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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ELIMINATION OF PAPER CLAIMS AND ATTACHMENTS

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ELIMINATION OF PAPER CLAIMS

Missouri Medicaid issued a notice to providers regarding claims processing enhancements. Providers were advised paper claims, paper adjustments and paper attachments would be eliminated beginning July 1, 2005.

Enhancements to the Internet health care claim screens on the Medicaid website at www.emomed.com will provide for the submission of additional claim and attachment information. Some enhancements have been finalized and others will be phased in

over the next several months. Providers will be notified by bulletins throughout the phase-in process. Providers should monitor bulletins on the Division of Medical Services' website at www.dss.mo.gov/dms for specific program information.

Upon completion of all enhancements to the electronic billing processes, providers must be prepared to use a clearinghouse, billing agent or the Medicaid website at www.emomed.com for all claims submission.

INITIAL INTERNET ENHANCEMENTS

Effective July 1, 2005, the following provider types may submit electronic claims on the Internet:

Home Health
Hospice

Also, effective July 1, 2005, the following claims or attachment information must be submitted electronically on the Internet:

Medicare/Medicaid Crossover Claims
Medicare/Medicaid Crossover Adjustments
Third Party Liability Denial Information
Sterilization Consent Form - revision
Nurse Assistant Training & Competency Evaluation Billing Form

With the completion of the initial enhancements noted above, in addition to those already completed, providers must file the following claims, adjustments and attachments electronically effective July 1, 2005:

All home health claims;
All hospice claims;
*All Medicare/Medicaid crossover claims that have not crossed-over electronically from Medicare;
All claims with third party liability denial information;
*All Medicare/Medicaid crossover adjustments;
All nurse assistant training claims;
*All pharmacy claims except for adjustments; and
All other claims except those requiring special attachments not yet developed electronically.

*** Paper claims submitted after June 30, 2005, will be returned to providers.**

HOME HEALTH ELECTRONIC CLAIM FILING

Home Health providers must utilize the Outpatient Claim (UB-92) to submit electronic claims on the Medicaid billing website at www.emomed.com. The field requirements

and filing instructions are the same as for paper claims. Each submitted home health claim must be documented with a physician signed and dated plan of treatment (HCFA-485, HCFA-486, and HCFA-487). Electronic home health plan of care attachment will be available on the Internet for submission of the plan of care information. Instructions on the completion of the plan of care attachment will be available through the “Help” feature. **NOTE:** When billing for home health services that have been prior authorized, the electronic home health plan of care attachment is not required. Claims submitted electronically that require an attachment must include only dates of service included in the certification dates of the attachment.

The “notes” field of the home health plan of care attachment is used to convey Home Health narrative information. This field may be repeated 10 times, with 80 bytes of space provided in each repetition. Home Health providers must submit visit update information in these fields similar to the visit summaries required on the HCFA-486. Providers must also utilize this field to describe the reason for homebound, durable medical equipment and supplies and medications utilized by the patient, allergies, variances in orders for disciplines and treatments, rehabilitation potential, and/or discharge plans. Date and time of a child’s birth and date and time of the mother’s hospital discharge must be provided in this field when billing procedure code 99501, post-natal assessment and follow-up care. Weight, height and age of a low birthweight child or documentation of deficient weight relative to the child’s height for a failure-to-thrive child must be documented in these fields if the Home Health agency is billing for services outside of the Healthy Children and Youth (HCY) Home Health Program.

All supporting documentation for services billed to Missouri Medicaid (HCFA 485, 486, 487, interim orders, standard growth charts, etc.) must continue to be maintained by the Home Health agency in the client’s records as required by Section 13.8 of the Home Health Provider Manual.

To submit Home Health claims using the 837 electronic claims transactions, please refer to the 837 Institutional Implementation Guide and the Missouri Medicaid Companion Guide for instructions.

HOSPICE ELECTRONIC CLAIM FILING

Hospice providers must utilize the Outpatient Claim (UB-92) to submit electronic claims through the Medicaid billing website at www.emomed.com. The field requirements and filing instructions are the same as for paper claims. Many hospice providers already utilize this option. The Outpatient Claim has been enhanced to include a “statement covers period” field and a “patient status” field. The hospice provider should enter the beginning and ending service dates of the period included on the claim form in the “statement covers period” field. Patient status codes of 20, 30, 50 or 51 may be entered in the “patient status” field.

To submit Hospice claims using the 837 electronic claims transactions, please refer to the 837 Institutional Implementation Guide and the Missouri Medicaid Companion Guide for instructions.

MEDICARE/MEDICAID CROSSOVER CLAIM

Paper billings (stickers) for Medicare/Medicaid crossover claims received after June 30, 2005, by Missouri Medicaid will not be processed. **There will be no exceptions to this policy.** As of July 1, 2005, these claims must be submitted through an electronic media. This would, in most instances, be through the coordination of benefits between Missouri Medicaid and the Medicare contractors. If claims are not submitted in this manner, the 837 electronic claim transaction or the Medicaid billing website at www.emomed.com must be utilized for consideration of payment for crossover claims. In using the 837 electronic claims transaction, providers will need to consult the appropriate 837 Implementation Guide to determine the correct billing procedures or contact your billing agent. **Missouri Medicaid staff cannot assist with this type of billing.**

Internet crossover claim forms for Part A (hospital and nursing home) and Part B (professional services) will be available on the Medicaid billing website at www.emomed.com for those claims that do not crossover electronically from Medicare. Providers will be instructed to enter data billed to Medicare and the corresponding adjudication data reported on the Medicare Remittance Advice (i.e., Reason and remarks codes, amounts assigned to these codes, etc.). Instructions for completion of the forms are located under the "Help" feature, plus detailed field instructions are built into the forms. All required fields must be completed to ensure proper submission of the claims.

If a provider has not signed up for Medicaid Internet billing, apply online at www.dss.mo.gov/dms for Internet access. In order to allow the new Internet claims to process correctly, our fiscal agent will hold all claims submitted from July 1 through July 8, 2005. These claims will be entered into the system after July 8th and will appear on the next financial cycle on July 22, 2005.

Missouri Medicaid will apply editing to the electronic crossover claim submissions very similar to that used to review Medicaid claims. One such edit will look at Medicare allowed procedures compared to Medicaid coverage status. If a service is covered by Medicare but not covered by Medicaid, the cost sharing amounts (coinsurance and deductibles) will not be reimbursed to providers as crossover payment. The exception to this policy will be those Medicare/Medicaid clients who are also covered by the Qualified Medicare Beneficiary (QMB) program (ME Code 55). Missouri Medicaid will be responsible for these charges even if Medicaid does not cover the service. Medicare Part A, Part B, and QMB information is returned to providers when eligibility is verified.

MEDICARE/MEDICAID CROSSOVER ADJUSTMENT

Due to the change in the Medicare/Medicaid crossover claim policy, paper crossover adjustment forms will no longer be accepted after June 30, 2005. In order to submit an adjustment for a paid crossover claim, providers will need to file a Credit (Void) or Replacement claim using the 837 electronic claims transaction or the Internet crossover claim form. Please refer to the appropriate 837 Implementation Guides to utilize the 837 media.

To credit (void) a previously paid crossover claim through the Medicaid billing website at www.emomed.com, providers must complete the Part A or Part B crossover form. Providers should select the Claim Frequency Type Code "8" to indicate the claim should be credited (voided). The recipient's Departmental Client Number (DCN) should be entered in the Patient Medicaid ID field. In the Resubmission Ref No field, providers should enter the Medicaid Internal Control Number (ICN) for the original paid claim being credited (voided). These are the only fields providers need to complete to credit (void) a crossover claim.

To file a Replacement claim, providers should complete the Internet crossover claim form as if it was an original claim. Select "7" as the Claim Frequency Type Code. In the Resubmission Ref No field, providers should enter the Medicaid ICN for the original paid claim being replaced. The claims processing system will credit this claim and replace it with the new claim information. A replacement claim cannot be used to refile a previously denied claim.

ELECTRONIC BILLING OF CLAIMS WITH OTHER PAYER DENIALS

Effective July 1, 2005, all providers may submit Medicaid claims requiring a Third Party Liability (TPL) or Medicare denial electronically. This can be done through the 837 electronic claims transaction or through the Medicaid billing website at www.emomed.com. If the 837 electronic claims transaction is used, providers should refer to the implementation guides for assistance.

To bill through the Medicaid billing website, providers should select the appropriate claim type (HCFA 1500, UB-92, Nursing Home, etc.) and complete all pertinent data for the Medicaid claim. Each claim will have a field titled, "Other Payer". Click on the "Add/Edit" button. This will bring up the "Other Payer" header attachment. A header attachment is required for every claim. Follow the instructions on the "Help" page to complete this form. Providers should note:

- Some fields are required for Medicare and not for TPL. The code entered in the "Filing Indicator" field will determine if the attachment is linked to TPL or Medicare coverage.
- The "Paid Date" will tie the Header and the Detail attachments together to enable accurate processing.

- Enter the Reason and/or Remark Codes and the amount assigned exactly as received on the Other Payer's remittance advice.
- If a denial on a detail line was received from the Other Payer, click on the "Add/Edit" button under the "Other Payer" column. This will bring up the attachment to complete for that detail line. The same directions apply for the completion of the header attachment and the detail attachment.
- If the provider has received both a Medicare denial and a TPL denial, a second "Other Payer" header attachment and related detail attachment must be selected and completed.

Medicaid does not consider amounts applied towards commercial plan PPO discounts, co-insurance or deductibles to be payments to the providers.

STERILIZATION CONSENT FORM

The Internet Sterilization Consent form has been revised. A Comment Field has been added to allow for the submission of circumstances surrounding a premature delivery or emergency abdominal surgery and a date. All fields submitted on the Internet Sterilization Consent form will be captured and reviewed by Missouri Medicaid effective July 1, 2005. Providers should discontinue submission of the paper Sterilization Consent form.

NURSE ASSISTANT TRAINING & COMPETENCY EVALUATION BILLING FORM

Effective July 1, 2005, claims for reimbursement of the training of nurse assistants in accordance with 13 CSR 70-10.120, Reimbursement for Nurse Assistant Training, must be submitted electronically. Providers may submit these claims electronically at www.emomed.com using the "Nurse Assistant Training and Competency Evaluation" billing form. Currently, reimbursement is done through submission of paper billing forms. The electronic screen is similar to the current paper billing form and Help screens are available for assistance.

REMOVAL OF MEDICAL NECESSITY REQUIREMENTS

Effective July 1, 2005, the medical necessity requirement will be dropped for procedure codes, services, and situations referenced below. Although the Certificate of Medical Necessity form will no longer be required to be submitted with the claim, the Medicaid policy will remain the same, unless otherwise noted. Proof of medical necessity must be retained in the patient's file and be available upon request by the Division of Medical Services.

- All co-surgeon services
- All assistant surgeon services
- 11980 (Subcutaneous hormone pellet implant)
- 15850 (Removal of sutures under anesthesia, other than local, same surgeon)
- 15851 (Removal of sutures under anesthesia, other than local, other surgeon)

- 36475 (Endovenous RF, 1st Vein)
- 36478 (Endovenous laser, 1st Vein)
- 54150 (Circumcision, using clamp or other device, newborn)
- 54160 (Circumcision, surgical excision other than clamp, device or dorsal slit, newborn)
- 92311 EP (Prescription and fitting of contact lens, corneal lens for aphakia one eye)
- 92312 EP (Prescription and fitting of contact lens, corneal lens for aphakia, both eyes)
- 92396 EP (Supply of permanent prosthesis for aphakia, contact lenses).
- Case management services limited to one per calendar month
- Delivery codes restricted to within six months of each other
- Delivery/Post-Partum codes within ten months of each other
- Diabetes Self-Management Training initial visit limited to once per lifetime
- Diabetes Self-Management Training subsequent visits limited to no more than two per rolling year
- Initial hospital visit limitation
- More than one 77432 (Stereotactic radiation treatment management of cerebral lesions) per rolling year
- More than one nursing home visit by the same provider per calendar month
- More than three ultrasounds per rolling year
- Services for TEMP recipients
- Two prenatal consults within ten months of a global prenatal service

DURABLE MEDICAL EQUIPMENT PROGRAM

Effective July 1, 2005 Certificate of Medical Necessity and Invoice of Cost attachments have been removed from some DME procedure codes. A list of [affected codes](#) is attached with the changes identified in “bold” print.

The Certificate of Medical Necessity (MN) is no longer required to be submitted with the claim form if the code has the indicator “MNF” (Medical Necessity on File) under the reimbursement column. An “MNF” under reimbursement guidelines indicates a certificate of medical necessity must be completed and maintained in the provider’s records, but should not be submitted with the claim.

The manual pricing and invoice of cost requirements have been removed where DMS has determined a Medicaid Maximum Allowable for the procedure code.

Quantity limitations have been added to many procedure codes. The quantity limitations describe the number of units that can be provided within a set number of day(s) or calendar month(s). All quantity limitation days that exceed seven (7) days (one week) are based on a calendar month: 30 = one calendar month; 60 = 2 calendar months; 90 = 3 calendar months; 120 = 4 calendar months; 180 = 6 calendar months; 365 = 12 calendar months.

Decubitus Care Equipment will be limited to individuals with a diagnosis code of 707.00 - 707.09, effective July 1, 2005.

REMOVAL OF SECOND SURGICAL OPINION REQUIREMENT

Effective July 1, 2005, the requirement for a second surgical opinion will be removed from a number of the procedure codes. Submission of a Second Surgical Opinion form will only be required on the following codes:

66840 (Removal of lens material aspiration technique, one or more stages)
66850 (Removal of lens material phacofragmentation technique)
66852 (Removal of lens material; pars plana approach, with or without virectomy)
66920 (Removal of lens material; intracapsular)
66983 (Intracapsular cataract extraction with insertion of intraocular lens prosthesis - one stage procedure)
66984 (Extracapsular cataract removal with insert. Intraocular lens prosthesis - one stage procedure, manual or mechanical technique)

SUBSEQUENT INTERNET ENHANCEMENTS

Missouri Medicaid is working on the development and Internet implementation of the following attachments or processes:

- Certificate of Medical Necessity
- Oxygen and Respiratory Equipment Medical Justification form
- Invoice of Cost
- Ambulance Trip Ticket
- Service Narrative
- Electronic Claim with Submission of Paper Attachment
- Electronic Adjustment other than Medicare Crossover Adjustments

As subsequent Internet enhancements are phased-in, providers will be notified and instructions provided through future Medicaid provider bulletins.

REQUIRED CLAIM DOCUMENTATION

Missouri Medicaid's continuing review of all program requirements for attachments or supporting claim documentation may result in the removal of additional claim attachment requirements for more procedure codes or services. Specific information will be provided in future provider bulletins.

PSYCHOLOGY CODES NO LONGER REQUIRING ATTACHMENTS

Due to the elimination of paper claims, the Division of Medical Services will implement a new policy regarding unit limitations for some psychology procedure codes. Our previous policy stated that when billing additional units beyond some monthly or rolling year limits, a paper claim should be submitted along with supporting documentation. Effective July 1, 2005, payment will no longer be made for units beyond the monthly or rolling year limits for the procedure codes specified below:

The limits shown below are per recipient, per provider:

Procedure Code With or Without Modifier	Limitations
90802	Two 30 minute units per rolling year
90804, 90805, 90806, 90807	One unit per day and 5 units per month
90846, 90847	Two 30 minute units per day and 10 units per month
90810, 90811, 90812, 90813	One unit per day and 5 units per month
90853	Three units per day and 15 units per month

Individual interactive and individual insight oriented procedures will no longer be allowed for the same patient on the same date of service by the same provider. Previously our policy allowed this, however the interactive code had to be submitted on a paper claim with documentation.

Documentation for Crisis Intervention (S9484) services will no longer be required for those services exceeding 6 (six) units per rolling year. Providers must document the need for the service in the patient record, and the service must adhere to the following definition: **Crisis Intervention: The situation must be of significant severity to pose a threat to the patient's well being or is a danger to him/herself or others. Crisis Intervention services cannot be scheduled, nor can they be prior authorized.**

Other procedure code limitations as specified in Psychotherapy Bulletin, Volume 26 Number 3 dated June 16, 2004 (that presently do not require a paper claim with attachments) continue to remain in effect.

ULTRASOUNDS IN EXCESS OF THREE DURING PREGNANCY

Effective July 1, 2005 providers are no longer required to attach a Certificate of Medical Necessity form to a claim when billing for more than three (3) ultrasounds per recipient per calendar year.

However, the Division of Medical Services policy for performing ultrasounds during pregnancy has not changed. If more than three ultrasounds are performed in one calendar year it must be reasonable and necessary based on medical indication (s). The medical necessity must also be documented in the patient's medical record.

PRIVATE ROOMS DURING INPATIENT HOSPITAL STAYS

Effective July 1, 2005 hospitals are no longer required to attach a Certificate of Medical Necessity form to a claim when billing for private room accommodations.

A private room must be medically necessary and the medical need must be documented in the patient's medical records.

TRANSPLANT PROGRAM

The transplant program will continue to require paper claims be submitted for payment to the Transplant Unit.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline
573-751-2896**

MEDICAL SUPPLIES						
Proc Code	Modifiers		Description	Reimbursement Guidelines	Maximum Allowable	Program Limits Units/Days
A4206	NU	EP	SYRINGE WITH NEEDLE STERILE 1CC EACH	MNF	\$0.35	100/30
A4207	NU	EP	SYRINGE WITH NEEDLE STERILE 2 CC EACH	MNF	\$0.35	30/30
A4208	NU	EP	SYRINGE WITH NEEDLE STERILE 3 CC EACH	MNF	\$0.35	100/30
A4209	NU	EP	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	MNF	\$0.36	100/30
A4212	NU	EP	NON-CORING NEEDLE OR SYLET W/O CATHETER	MNF	\$5.69	15/30
A4213	NU	EP	SYRINGE STERILE 20CC OR GREAT EACH	MNF	\$0.80	100/30
A4215	NU	EP	NEELES ONLY STERILE ANY SIZE EACH	MNF	\$0.08	100/30
A4216	NU	EP	STERILE WATER/SALINE 10 ML	MNF	\$0.45	100/30
A4217	NU	EP	STERILE WATER/SALINE 500 ML	MNF	\$2.66	30/30
A4246	NU	EP	BETADINE OR PHISOHEX SOLUTION PER PINT	MNF	\$3.31	2/30
A4247	NU	EP	BETADINE OR IODINE SWABS/WIPES PER BOX		\$22.00	2/30
A4248	NU	EP	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML	MNF	\$1.73	2/30
A4310	NU	EP	INSERTION TRAY W/O DRAIN BAG & W/O CATH	MNF	\$7.72	1/30
A4311	NU	EP	INSERT TRAY W/O DRAINBAG WITH INDWELL CATH FOLEY TYPE	MNF	\$12.61	1/30
A4312	NU	EP	W INDWELL CATH FOLEY TYPE 2-WAY ALL SILICONE	MNF	\$18.04	1/30
A4313	NU	EP	W INDWELL CATH FOLEY TYPE 3-WAY	MNF	\$18.52	1/30
A4314	NU	EP	INSERT TRAY W/DRAIN BAG W/INDWELL CATH FOLEY TYPE	MNF	\$25.29	1/30
A4315	NU	EP	WITH INDWELL CATH FOLEY TYPE 2-WAY ALL SILICONE	MNF	\$26.39	1/30
A4316	NU	EP	W/INDWELL CATH ROLEY TYPE 3-WAY FOR CONTINOUS	MNF	\$28.40	1/30
A4320	NU	EP	IRRIG TRAY W BULB OR PISTON SYRINGE ANY PURPOSE	MNF	\$5.00	1/30
A4322	NU	EP	IRRIG SYRINGE BULB OR PISTON EACH	MNF	\$3.04	4/30
A4326	NU	EP	MALE EXTERNAL CATH SPECIAL TYPE EACH	MNF	\$9.17	30/30
A4327	NU	EP	FEMALE EXTERANL URINARY COLL DEVICE METAL CUP EACH	MNF	\$44.49	1/7
A4328	NU	EP	FEMALE ESTERNAL URINARY COLL DEVICE POUCH EACH	MNF	\$10.45	1/1
A4330	NU	EP	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EACH	MNF	\$7.15	30/30
A4331	NU	EP	EXT DRNG TUBING ANY TYPE/LENGTH W/CONNECTOR/ADAPTOR; USE W/URINARY LEGBAG OR UROSTOMY POUCH EACH	MNF	\$3.18	1/30
A4332	NU	EP	LUB INDIVID STER PACKET FOR URI CATH INSERT EACH	MNF	\$0.12	30/30
A4333	NU	EP	URINARY CATH ANCHOR DEVICE ADHESIVE SKIN ATTCH	MNF	\$2.20	3/7
A4334	NU	EP	URINARY CATH ANCHORING DEVICE LEG STRAP EACH	MNF	\$4.93	1/30
A4338	NU	EP	INDWELL CATH FOLEY TYPE 2-WAY LATEX WITH COATING	MNF	\$12.26	1/30
A4340	NU	EP	INDWELL CATH SPECIAL TYPE EACH	MNF	\$29.08	1/30
A4344	NU	EP	INDWELL CATH FOLEY TYPE 2-WAY ALL SILICONE	MNF	\$14.50	1/30
A4346	NU	EP	INDWELL CATH 3-WAY CONTIN IRRIG EACH	MNF	\$16.65	1/30
A4348	NU	EP	MALE EXTERNAL CATHETER WITH INTETRAL COLLC. COMP EACH	MNF	\$27.83	2/30
A4349	NU	EP	MALE EXTERNAL CATH W/WO ADHESIVE DISPOSABLE EACH	MNF	\$2.02	30/30
A4351	NU	EP	INTERMITT URINARY CATH STRAIGHT TIP W/WO COATING EACH	MNF	\$1.81	120/30
A4352	NU	EP	INTERMITT. URINA CATH COUDE W/WO COATING EACH	MNF	\$6.42	4/30
A4353	NU	EP	INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES	MNF	\$7.00	120/30
A4354	NU	EP	INSERT TRAY WITH DRAIN BAG	MNF	\$11.80	1/30
A4355	NU	EP	IRRIGAT. TUBE SET FOR CONTINOUS BLADDER IRRIG EACH	MNF	\$8.82	30/30
A4356	NU	EP	EXTERNAL URETHRAL CLAMP EACH	MNF	\$45.63	1/90
A4357	NU	EP	BEDSIDE DRAIN BAG EACH	MNF	\$9.70	1/60
A4358	NU	EP	URINARY DRAIN BAG LEG OR ABDOMENT W/STRAPS EACH	MNF	\$5.71	1/60
A4359	NU	EP	URINARY SUSPENSORY FOR MALE OR FEMALE EACH	MNF	\$30.63	1/30
A4402	NU	EP	LUBRICANT PER OUNCE	MNF	\$1.53	8/30
A4550	NU	EP	SURGICAL TRAYS	MNF	\$7.18	12/30
A4656	NU	EP	NEEDLE ANY SIZE EACH	MNF	\$0.24	100/30
A4657	NU	EP	SYRINGE WITH OR WITHOUT NEEDLE EACH	MNF	\$0.61	4/30
A4927	NU	EP	NON-STERILE GLOVES	MNF	\$11.00	2/30
A4930	NU	EP	GLOVES STERILE PER PAIR	MNF	\$0.50	30/30
A5105	NU	EP	URINARY SUSPENSORY WITH LEG BAG WITH OR WITHOUT TUBE	MNF	\$38.73	1/30
A5119	NU	EP	SKIN BARRIER; WIPES BOX OF 50	MNF	\$10.85	3/180
A5200	NU	EP	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT.		\$11.30	1/30
INCONTINENCE SUPPLIES						
A4534	NU	EP	YOUTH SIZED BRIEF EACH	PA	\$0.70	186/30
TRACHEOSTOMY CARE SUPPLIES						
A4480	NU	EP	VABRA ASPIRATOR	MNF	\$112.50	
A4481	NU	EP	TRACH FILTER ANY TYPE ANY SZ EA	MNF	\$0.38	30/30
A4605	NU	EP	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH	MNF	\$16.40	13/30
A4623	NU	EP	TRACH INNER CANNULA REPLACE ONLY	MNF	\$5.92	2/30
A4624	NU	EP	TRACH SUCTION TUBE	MNF	\$2.63	90/30
A4625	NU	EP	TRACH CARE KT FOR NEW TRACH	MNF	\$5.89	1/1
A4626	NU	EP	TRACH CLEANING BRUSH EACH	MNF	\$2.71	2/30
A4628	NU	EP	OROPHARYNGEAL SUCT. CATH EACH	MNF	\$3.65	1/30
A4629	NU	EP	TRACH CARE KIT FOR EST. TRACH	MNF	\$4.61	1/1
A7501	NU	EP	TRACHEOSTOMA VALVE INCLUDING DIAPHRAM EACH	MNF	\$105.03	1/120
A7502	NU	EP	REPLACEMENT DIAPHRAM/FACEPLATE FOR TRACHEOSTOMA VALVE EACH	MNF	\$49.91	
A7503	NU	EP	FILTER HOLDER OR FILTER CAP REUSE USE IN TRACH	MNF	\$11.33	

A7504	NU	EP	FLTR FOR USE IN A TRACH HEAT AND MOISTURE EXCHANGE SYSTEM	MNF	\$0.67	
A7505	NU	EP	HOUSING REUSABLE W/O ADHESIVE FOR USE IN A HEAT AND MOISTURE EXCHANGE	MNF	\$4.68	
A7506	NU	EP	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM	MNF	\$0.33	30/30
A7507	NU	EP	FLTR HLDR AND INTEGRATED FLTR W/O ADHESIVE FOR USE IN A TRACH	MNF	\$2.49	60/30
A7508	NU	EP	HOUSING AND INTEGRATED ADHESIVE FOR USE IN A TRACH	MNF	\$2.87	1/30
A7509	NU	EP	FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE	MNF	\$1.41	1/30
A7520	NU	EP	TRACH LARYN TUBE NON-CUFFED	MNF	\$47.48	2/30
A7521	NU	EP	TRACH/LARYN TUBE CUFFED	MNF	\$47.05	2/30
A7522	NU	EP	TRACH LARYN TUBE STAINLESS	MNF	\$45.16	2/30
A7523	NU	EP	TRACHEOSTOMY SHOWER PROTECT	MNF	\$5.81	1/120
A7524	NU	EP	TRACH STENT/STUD/BUTTON	MNF	\$77.40	1/90
A7526	NU	EP	TRACH TUBE COLLAR/HOLDER EACH	MNF	\$3.37	15/30
A7527	NU	EP	TRACH/LARYNGECTOMY TUBE PLUG STOP EACH	MNF	\$3.58	
L8515	NU	EP	GELATIN CAPSULE FOR TRACHEOESOPHAGEAL VOICE	MNF	\$50.67	
A7525	NU	EP	TRACH MASK	MNF	\$2.11	1/30
WOUND CARE/DRESSINGS						
A6010	NU	EP	COLLAGEN BASED WOUND FILLER DRY FORM PER GRAM OF COLLAGEN	MNF	\$30.96	30/30
A6011	NU	EP	COLLAGEN GEL/PASTE WOUND FIL	MNF	\$2.28	30/30
A6021	NU	EP	COLLAGEN DRESS PAD SZ 16 SQ IN EACH	MNF	\$21.02	30/30
A6022	NU	EP	COLLAGEN DRS PAD SZ MORE THAN 16 SQ IN EACH	MNF	\$21.02	30/30
A6023	NU	EP	COLL. DRS. PAD SZ MORE THAN 48 SQ IN. EACH	MNF	\$190.30	30/30
A6024	NU	EP	COLL DRS WOUND FILLER PER 6 INC.	MNF	\$6.19	3/30
A6154	NU	EP	WOUND POUCH EACH	MNF	\$14.36	30/30
A6196	NU	EP	ALGINATE DRESSING WOUND COVER PAD SZ 16 SQ IN OR LESS EACH	MNF	\$7.35	30/30
A6197	NU	EP	ALGINATE DRESSING WOUND COVER PAD SZ MORE THAN 16 SQ IN EACH DRESS	MNF	\$16.44	30/30
A6198	NU	EP	ALGINATE DRESS WOUND COVER PAD SIZE MORE THAN 48 SQ IN EACH	MNF	\$112.50	
A6199	NU	EP	ALGINATE DRESS WOUND FILLER PER 6 INC.	MNF	\$5.29	30/30
A6200	NU	EP	COMPOSITE DRESS PAD SIZE 16 SQ IN OR LESS W/O ADHES	MNF	\$9.50	12/30
A6201	NU	EP	COMPOSOSITE DRESS PAD SZ MORE THAN 16 SQ IN	MNF	\$20.80	12/30
A6202	NU	EP	COMP DRESS PAD SZ MORE THAN 48 SQ IN	MNF	\$34.88	12/30
A6203	NU	EP	COMP DRESS PAD SZ 16 SQ IN OR LESS	MNF	\$3.35	12/30
A6204	NU	EP	COMP. DRESS PAD SZ MORE THAN 16 SQ IN	MNF	\$6.23	12/30
A6205	NU	EP	COMP. DRESS PAD SZ MORE THAN 48 SQ IN.	MNF	\$4.57	
A6206	NU	EP	CONTACT LAYER 16 SQ IN OR LESS EACH	MNF	\$1.98	4/30
A6207	NU	EP	CONTACT LAYER MORE THAN 16 SQ IN BUT LESS THAN OR = TO 48 SQ IN	MNF	\$7.34	4/30
A6208	NU	EP	CONTACT LAYER MORE THAN 48 SQ IN EACH	MNF	\$3.42	
A6209	NU	EP	FOAM DRESSING WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$7.48	12/30
A6210	NU	EP	FOAM DRESSING WOUND COVER PAD SIZE MORE THAN 16SQ IN	MNF	\$19.92	12/30
A6211	NU	EP	FOAM DRESS WOUND COVER PAD SZ MORE THAN 48 SQ IN	MNF	\$29.37	12/30
A6212	NU	EP	FOAM DRESS WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$9.70	12/30
A6213	NU	EP	FOAM DRESSING WOUND COVER PD SZ MORE THAN 16 SQ IN	MNF	\$7.29	12/30
A6214	NU	EP	FOAM DRESS WOUND COVER PD SZ MORE THAN 48 SQ IN	MNF	\$10.29	12/30
A6215	NU	EP	FOAM DRESSING WOUND FILLER PER GRAM	MNF	\$2.32	
A6217	NU	EP	GAUZE NON IMPREGNATED NON/STERILE 16 SQ IN OR LESS	MNF	\$0.11	90/30
A6218	NU	EP	GAUZE NON-IMPREG NON-STERILE PAD MORE THAN 48 SQ IN	MNF	\$0.59	200/30
A6219	NU	EP	GAUZE NON IMPREG. PAD SZ 16 SQ IN OR LESS	MNF	\$0.95	30/30
A6220	NU	EP	GAUZE NON IMPREG PAD SZ MORE THAN 16 SQ IN	MNF	\$2.58	30/30
A6221	NU	EP	GAUZE NON IMPREG PAD SZ MORE THAN 48 SQ IN.	MNF	\$1.09	30/30
A6222	NU	EP	GAUZE IMPREG. OTHER THAN WATER OR NORMAL SALINE PAD SZ 16 SQ IN.	MNF	\$2.13	30/30
A6223	NU	EP	GAUZE IMPREG OTHER THAN WATER OR NORMAL SALINE	MNF	\$2.42	30/30
A6224	NU	EP	GAUZE IMPREG OTHER THAN WATER OR NORMAL SALINE PAD	MNF	\$3.61	30/30
A6228	NU	EP	GAUZE IMPREG WATER OR NORMAL SALINE PAD SZ 16 SQ IN	MNF	\$0.58	30/30
A6229	NU	EP	GAUZE IMPREG WATER OR NORMAL SALINE PAD MORE THAN 16 SQ IN.	MNF	\$3.61	30/30
A6230	NU	EP	GAUZE IMPREG WATER OR NORMAL SALINE PAD SZ MORE THAN 48 SQ IN.	MNF	\$1.77	30/30
A6231	NU	EP	GAUZE IMPREG HYDROGEL FOR DIRECT WOUND CONTACT PAD	MNF	\$4.68	30/30
A6232	NU	EP	GAUZE IMPREG HYDROGEL FOR DIRECT WOUND CONTACT	MNF	\$6.88	30/30
A6233	NU	EP	GAUZE IMPREG HYDROGEL FOR DIRECT WOUND CONTACT PAD	MNF	\$19.19	
A6234	NU	EP	HYDROCOLLOID DRESSING WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$6.54	12/30
A6235	NU	EP	HYDROCOLLOID DRESS WOUND COVER PAD SZ MORE THAN 16 SQ IN.	MNF	\$16.82	12/30
A6236	NU	EP	HYDROCOLLOID DRESS WOUND COVER PAD SZ MORE THAN 48 SQ IN.	MNF	\$27.25	12/30
A6237	NU	EP	HYDROCOLLOID DRSG WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$7.91	12/30
A6238	NU	EP	HYDROCOLLOID DRSG WOUND COVER PAD SZ MORE THAN 16 SQ IN.	MNF	\$22.79	12/30

A6239	NU	EP	HYDROC DRSG WOUND COVER PAD SZ MORE THAN 48 SQ IN	MNF	\$18.23	12/30
A6240	NU	EP	HYDROC. DRSG WOUND FILLER PASTE PER FLUID OUNCE	MNF	\$12.24	3/30
A6241	NU	EP	HYDROC DRSG WOUND FILLER DRY FORM PER GRAM	MNF	\$2.57	3/30
A6242	NU	EP	HYDROGEL DRSSNG WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$6.07	30/30
A6243	NU	EP	HYDROGEL DRESSING WOUND COVER PAD SZ MORE THAN 16 SQ IN.	MNF	\$12.31	30/30
A6244	NU	EP	HYDROGEL DRESSING WOUND COVER PAD SZ MORE THAN 48 SQ IN.	MNF	\$39.28	12/30
A6245	NU	EP	HYDROGEL DRSNG WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$7.27	12/30
A6246	NU	EP	HYDROGEL DRSNG WOUND COVER PAD SZ MORE THAN 16 SQ IN	MNF	\$9.92	12/30
A6247	NU	EP	HYDROGEL DRESSING WOUND COVER PAD SZ MORE THAN 48 SQ IN.	MNF	\$23.78	12/30
A6248	NU	EP	HYDROGEL DRESSNG WOUND FILLER GEL PER FLUID OUNCE	MNF	\$16.24	30/30
A6251	NU	EP	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SZ 16 SQ	MNF	\$1.99	30/30
A6252	NU	EP	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SZ 16 SQ	MNF	\$3.25	30/30
A6253	NU	EP	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SZ MORE THAN 48 SQ IN W/O ADHESIVE EACH DRESSING	MNF	\$6.34	30/30
A6254	NU	EP	SPECIALTY ABSORPTIVE DRSG WOUND COVER PAD SZ 16 SQ IN OR LESS	MNF	\$1.21	15/30
A6255	NU	EP	SPECIALTY ABSORPTIVE DRSG WOULD COVER MORE THAN 16 SQ IN	MNF	\$3.03	15/30
A6256	NU	EP	SPEC ABSORPTIVE DRSG WOUND COVER MORE THAN 48 SQ IN	MNF	\$2.11	
A6257	NU	EP	TRANSPARENT FILM 16 SQ IN OR LESS EACH DRESSING	MNF	\$1.53	12/30
A6258	NU	EP	TRANSPARENT FILM > 16 SQ IN < OR = TO 48 SQ IN EACH DRESSING	MNF	\$4.30	12/30
A6259	NU	EP	TRANSPARENT FILM MORE THAN 48 SQ IN EACH DRESSING	MNF	\$10.94	12/30
A6261	NU	EP	WOUND FILLER GEL/PASTE PER FLUID OUNCE	MNF	\$0.19	
A6262	NU	EP	WOUND FILLER DRY FORM PER GRAM	MNF	\$0.19	
A6266	NU	EP	IMPREG GAUZE NO H2O/sal/yard	MNF	\$1.92	300/30
A6402	NU	EP	GAUZE NON-IMPREG. STERILE PAD SZ 16 SQ IN OR LESS	MNF	\$0.12	100/30
A6403	NU	EP	GAUZE NON IMPREG STERILE PAD SIZE MORE THAN 16 SQ IN	MNF	\$0.43	100/30
A6404	NU	EP	GAUZE ELASTIC STERILE ALL TYPES PER LINEAR YARD	MNF	\$0.58	
A6407	NU	EP	PACKING STRIPS NON-IMPREG UP TO 2 INC. IN WDTN PER LINEAR YARD	MNF	\$1.88	100/30
A6441	NU	EP	PADDDING BANDAGE W >=3" <5"/YD	MNF	\$2.09	90/30
A6442	NU	EP	CONFROM BAND S/S W<3"/YD	MNF	\$0.67	180/30
A6443	NU	EP	CONFROM BAND N/S W>=3" <5"/YD	MNF	\$1.17	180/30
A6444	NU	EP	CONFORM BAND N/S W>=5"/YD	MNF	\$2.05	180/30
A6445	NU	EP	CONFORM BAND S W < 3"/YD	MNF	\$1.40	180/30
A6446	NU	EP	CONFORM BAND S W >=3" < 5"/YD	MNF	\$1.88	180/30
A6447	NU	EP	CONFORM BAND S W >= 5"/YD	MNF	\$3.04	180/30
A6448	NU	EP	LT COMP BAND <3"/YD	MNF	\$5.82	12/30
A6449	NU	EP	LT COMP BAND >=3" <5"/YD	MNF	\$8.76	12/30
A6450	NU	EP	LT COMP BAND >+ =5"/yd	MNF	\$0.36	12/30
A6451	NU	EP	MOD COMP BAND W>=3" <5"/YD	MNF	\$0.36	12/30
A6452	NU	EP	HIGH COMP BAND W >= 3" <5"/YD	MNF	\$19.08	12/30
A6453	NU	EP	SELF-ADHER BAND W<3"/YD	MNF	\$2.93	12/30
A6454	NU	EP	SELF ADHER BAND W >=3" <5"/YD	MNF	\$0.77	12/30
A6455	NU	EP	SELF ADHER BAND >=5"/YD	MNF	\$7.13	12/30
A6456	NU	EP	ZINC PASTE BAND W>=3" <5"/YD	MNF	\$12.69	12/30
A6501	NU	EP	COMPRESS BURN GARMENT BODYSUIT	MNF	\$1,497.56	
A6503	NU	EP	COMPRES BURN GARMENT FACE HOOD	MNF	\$1,173.12	
A6507	NU	EP	COMPRES BURN GARMENT FOOT-KNEE	MNF	\$1,473.92	
A6511	NU	EP	COMPRESS BURN GARMENT PANTY	MNF	\$1,696.70	
A6550	NU	EP	NEG PRES WOUND THER DRSG SET	MNF	\$28.00	
A6551	NU	EP	NEG PRESS WOUND THER CANISTR	MNF	\$25.05	
NUTRITION AND SUPPLIES						
B4100	NU	EP	FOOD THICKENER ORAL	MNF	\$0.85	must be over WIC allotment
B4103	NU	EP	ENTERAL FORMULA FOR PEDS USED TO REPLACE FLUIDS AND ELECTROLYTES.	MNF	\$2.45	must be over WIC allotment
B4103	NU	EP	ENTERAL FORMULA FOR PEDS USED TO REPLACE FLUIDS AND ELECTROLYTES.	MNF	\$2.45	must be over WIC allotment
B4149	NU	EP	BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS	MNF	\$1.53	must be over WIC allotment
B4150	NU	EP	CATEGORY I SEMI-SYNTH PROTEIN ISOLATES 100 CALORIES = 1 UNIT	MNF	\$0.62	must be over WIC allotment
B4150	NU	EP	CATEGORY I SEMI-SYNTH PROTEIN ISOLATES 100 CALORIES = 1 UNIT	MNF	\$0.62	must be over WIC allotment
B4152	NU	EP	CATEGORY II INTACT PROTEIN ISOLATES CALORICALLY DENSE 100 CALORIES = 1 UNIT	MNF	\$0.52	must be over WIC allotment
B4152	NU	EP	CATEGORY II INTACT PROTEIN ISOLATES CALORICALLY DENSE 100 CALORIES = 1 UNIT	MNF	\$0.52	must be over WIC allotment
B4153	NU	EP	CATEGORY III HYDROLYZED PROTEIN AA 100 CALORIES = 1 UNIT	MNF	\$1.76	must be over WIC allotment
B4153	NU	EP	CATEGORY III HYDROLYZED PROTEIN AA 100 CALORIES = 1 UNIT	MNF	\$1.76	must be over WIC allotment

B4154	NU	EP	CATEGORY IV FORM FOR SPECIAL METABOLIC NEED 100 CALORIES = 1 UNIT	MNF	\$1.19	must be over WIC allotment
B4154	NU	EP	CATEGORY IV FORM FOR SPECIAL METABOLIC NEED 100 CALORIES = 1 UNIT	MNF	\$1.19	must be over WIC allotment
B4155	NU	EP	CATEGORY V MODULAR COMPONENTS 100 CALORIES = 1 UNIT	MNF	\$0.88	must be over WIC allotment
B4155	NU	EP	CATEGORY V MODULAR COMPONENTS 100 CALORIES = 1 UNIT	MNF	\$0.88	must be over WIC allotment
B4160	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$0.57	must be over WIC allotment
B4160	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$0.57	must be over WIC allotment
B4161	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$1.80	must be over WIC allotment
B4161	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$1.80	must be over WIC allotment
B4162	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$1.15	must be over WIC allotment
B4162	NU	EP	ENTERAL FORMULA FOR PEDS NUTRITION COMPLETE CALORICALLY DENSE	MNF	\$1.15	must be over WIC allotment
IV DRUG THERAPY						
S1015	NU	EP	IV TUBING EXTENSION SET	MNF	\$4.34	
MISCELLANEOUS						
A4462	NU	EP	ABDOMINAL DRESSING HOLDER EACH	MNF	\$3.29	8/30
A4465	NU	EP	NON-ELASTIC BINDER FOR EXTREMITY	MNF	\$0.89	2/30
A4660	NU	EP	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	MNF	\$19.32	1/365
A4663	NU	EP	BLOOD PRESSURE CUFF ONLY	MNF	\$15.88	1/365
A4670	NU	EP	AUTOMATIC BLOOD PRESSURE MONITOR	MNF	\$48.02	1/365
E0602	RR	EP	BREAST PUMP MANUAL ANY TYPE	MNF	\$2.96	
E0701	NU	EP	HELMET W/FACE GUARD AND SOFT INTERFACE MATERIAL PREFABRICATED	MNF	\$155.35	
E0849	RR	EP	Traction Equipment cervical free standing	MNF	\$51.53	
K0607	NU	EP	REPLACEMENT BATTERY FOR AED	MNF	\$194.23	
V5266	NU	EP	BATTERY FOR USE IN HEARING AID DEVICE		\$5.00	
RESPIRATORY EQUIPMENT						
A4614	NU	EP	PEAK EXPIRATORY FLOW RATE METER HAND HELD	MNF	\$19.00	
A4627	NU	EP	SPACER BAG OR RESERVOIR WITH. WO MASK FOR METERED DOSE INHALER	MNF	\$13.77	
E0484	NU	EP	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE NON-ELECTRIC ANY TYPE EACH	MNF	\$36.92	
E0484	RR	EP	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE NON-ELECTRIC ANY TYPE EACH RENTAL	MNF	\$3.69	
AUGMENTATIVE COMMUNICATION DEVICE						
E2500	NU		SPCH GEN. DEVICE DIGITIZED SPCH PRERECORD <=8 min	MN	\$391.06	
E2502	NU		SPCH GEN DEVICE DIGITIZED SPCH PRERECORDED >8min<=20min	MN	\$1,195.80	
E2504	NU		SPCH GEN DEVICE DIGITIZED SPCH PRERECORDED >20min<=40min	MN	\$1,577.42	
OSTOMY SUPPLIES						
A4247	NU		BETADINE OR IODINE SWABS/WIPES PER BOX		\$22.00	
A4364	NU		ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE ONLY PER OUNCE		\$2.93	4/30
A4366	NU		OSTOMY VENT ANY TYPE EACH		\$1.30	10/30
A4420	NU		OST PCH CLSD FOR BAR W IK FL		\$1.26	60/30
A4423	NU		OST PCH FOR BAR W LK FL/FLTR		\$1.86	60/30
A4427	NU		OST PCH DRAIN/BARR LK FLNG/F		\$2.31	20/30
A5112	NU		URINARY LEG BAG; LATEX		\$31.72	1/30
A5113	NU		LEG STRAP; LATEX REPLACEMENT ONLY PER SET		\$4.70	1/30
A5114	NU		LEG STRAP; FOAM OR FABRIC REPLACEMENT ONLY PER SET		\$8.94	1/30
A4331	NU		EXTENSION DRAINAGE TUBING ANY TYPE ANY LENGTH WITHCONNECTOR/ADAPTOR FOR USE WITH URINARY LEG BAG OR		\$3.18	1/30
A4376	NU		OSTOMY POUCH DRAINABLE WITH FACEPLATE ATTACHED RUBBER EACH		\$47.58	1/30
A4399	NU		OSTOMY IRRIGATION SUPPLY; CONE/CATHETER INCLUDINGBRUSH		\$10.42	2/180
A4400	NU		OSTOMY IRRIGATION SET		\$45.32	1/90
A4377	NU		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLASTIC EACH		\$4.29	10/30
A4381	NU		OSTOMY POUCH URINARY FOR USE ON FACEPLATE PLASTIC EACH		\$4.61	10/30

A4387	NU	OST POUCH CLOSED WITH BARRIER W/BLT IN CONVEXITY 1 PIECE EACH		\$3.97	10/30
A4388	NU	DRAINABLE PCH W EX WEAR BARR		\$4.36	10/30
A4389	NU	DRAINABLE PCH W ST WEAR BARR		\$6.22	10/30
A4390	NU	OSTOMY POUCH DRAINABLE WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT-IN CONVEXITY (1 PIECE) EACH		\$9.61	10/30
A4392	NU	OSTOMY POUCH URINARY WITH STANDARD WEAR BARRIER ATTACHED WITH BUILT-IN CONVEXITY (1 PIECE) EACH		\$6.57	10/30
A4407	NU	OST SKIN BARR W/FLANGE SOLID FLEXIBLE ACCORDIAN EXTENDED WEAR WITH BLT IN CONVEXITY 4X4 OR SM EACH		\$8.76	10/30
A4408	NU	OST SKN BARR W/FLANGE SOLID FLEXIBLE ACCORDIAN EXTWEAR WITH BLT IN CONVEXITY LARGER THAN 4X4 IN EACH		\$9.87	10/30
A4409	NU	OST SKN BARR W FLNG(SOLID FLEX OR ACCORDION) EXT WEAR W/OUT BLT IN CONVEX 4X4 IN OR SMALLER EACH		\$6.22	10/30
A4410	NU	OST SKN BARR W FLNG(SOLID FLEX OR ACCORDION) EXT WEAR W/OUT BLT IN CONVEX LARGER THAN 4X4 IN EACH		\$9.04	10/30
A4425	NU	OST PCH DRAIN FOR BARRIER FL		\$3.58	10/30
A4393	NU	OSTOMY POUCH URINARY WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT-IN CONVEXITY (1 PIECE) EACH		\$9.07	10/60
A4375	NU	OSTOMY POUCH DRAINABLE WITH FACEPLATE ATTACHED PLASTIC EACH		\$17.18	2/30
A4372	NU	SKIN BARRIER SOLID 4X4 EQUIV		\$4.18	20/30
A4373	NU	SKIN BARRIER WITH FLANGE		\$6.28	20/30
A4413	NU	OST POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER WITH FLANGE(2 PIECE SYSTEM)WITH FILTER EACH		\$5.50	20/30
A4424	NU	OST PCH DRAIN W BAR & FILTER		\$4.75	20/30
A4426	NU	OST PCH DRAIN 2 PIECE SYSTEM		\$2.36	20/30
A4428	NU	URINE OST POUCH W FAUCE/TAP		\$6.51	20/30
A4429	NU	URINE OST POUCH W BLTIN CONV		\$7.52	20/30
A4430	NU	OST URINE POUCH W B/BLTIN CONV		\$8.52	20/30
A4431	NU	OST PCH URINE W BARRIER/TAPV		\$5.08	20/30
A4432	NU	OST PCH URINE W BAR/FANGE/TAP		\$3.59	20/30
A4433	NU	URINE OST PCH BAR W LOCK FLN		\$3.34	20/30
A4434	NU	OST PCH URINE W LOCK FLNG/FT		\$3.76	20/30
A5061	NU	POUCH DRAINABLE W BARRIER ATTACHED EACH		\$2.63	20/30
A4368	NU	OSTOMY FILTER ANY TYPE EACH		\$0.26	30/30
A4422	NU	OST POUCH ABSORBENT MATERIAL EACH		\$0.12	30/30
A4378	NU	OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH		\$30.75	4/30
A4379	NU	OSTOMY POUCH URINARY WITH FACEPLATE ATTACHED PLASTIC EACH		\$15.02	4/30
A4380	NU	OSTOMY POUCH URINARY WITH FACEPLATE ATTACHED RUBBER EACH		\$37.33	4/30
A4382	NU	OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EACH		\$24.62	4/30
A4383	NU	OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH		\$28.19	4/30
A4384	NU	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH		\$9.62	4/30
A4385	NU	OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIVALENT EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY EACH		\$5.10	4/30
A4416	NU	OSTOMY POUCH COSED WBARRIER/FLTR		\$2.75	60/30
A4417	NU	OST POUCH W BAR/BLTINCONV/FLTR		\$3.72	60/30
A4418	NU	OST PCH CLSD W/O BAR W FLTR		\$1.81	60/30
A4419	NU	OST PCH FOR BAR W FLANGE/FLT		\$1.74	60/30
A4391	NU	OST POUCH URINARY W/EXTENDED WEAR BARRIER ATTCHD 1 PIECE EACH		\$6.99	8/30
OXYGEN AND RESPIRATORY EQUIPMENT					
A4618	NU	BREATHING CIRCUITS	MNF	\$4.75	
E0500	NU	IPPB MACHINE W/MANUAL VALVES EXTERNAL POWER SOURCEINCLUDES CYLINDER REGULATOR BUILT-IN NEBULIZATION	MNF	\$616.00	
E0500	RR	IPPB MACHINE W/MANUAL VALVES EXTERNAL POWER SOURCEINCLUDES CYLINDER REGULATOR BUILT-IN NEBULIZATION	MNF	\$68.00	
E0570	NU	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	MNF	\$156.00	
E0570	RR	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	MNF	\$35.00	
E0575	NU	NEBULIZER SELF-CONTAINED ULTRASONIC	MNF	\$540.00	
E0575	RR	NEBULIZER SELF-CONTAINED ULTRASONIC	MNF	\$75.00	
E0585	NU	NEBULIZER WITH COMPRESSOR AND HEATER	MNF	\$240.00	
E0585	RR	NEBULIZER WITH COMPRESSOR AND HEATER	MNF	\$30.00	
E0600	NU	SUCTION PUMP HOME MODEL PORTABLE	MNF	\$382.00	
E0600	RR	SUCTION PUMP HOME MODEL PORTABLE	MNF	\$76.00	
CANES AND CRUTCHES					
A4635	RP	UNDERARM PAD CRUTCH REPLACEMENT EACH	MNF	\$5.12	
A4636	RP	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	MNF	\$4.21	
A4637	RP	REPLACEMENT RIP CANE CRUTCH WALKER EACH	MNF	\$2.13	

E0100	NU		CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED WITH TIP	MNF	\$18.00	
E0105	NU		CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED WITH TIPS	MNF	\$40.00	
E0110	NU		CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS ADJUSTABLE OR FIXED PAIR COMPLETE WIT	MNF	\$77.21	
E0111	NU		CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS ADJUSTABLE OR FIXED EACH WITH TIP AND HA	MNF	\$50.00	
E0112	NU		CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PADS TIPS AND HANDGRIPS	MNF	\$16.00	
E0113	NU		CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD TIP AND HANDGRIP	MNF	\$8.00	
E0114	NU		CRUTCHES UNDERARM OTHER THAN WOOD ADJUSTABLE OR FIXED PAIR WITH PADS TIPS AND HANDGRIPS	MNF	\$45.00	
E0116	NU		CRUTCH UNDERARM OTHER THAN WOOD ADJUSTABLE OR FIXED EACH WITH PAD TIP AND HANDGRIP	MNF	\$22.50	
E0117	NU		CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EACH	MNF	\$192.71	
E0117	RR		CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EACH	MNF	\$19.26	
E0118	NU		CRUTCH SUBSTITUTE LOWER LEG PLATFORM WITH OR W/O WHEELS	MNF	\$70.51	
E0153	NU		PLATFORM ATTACHMENT FOREARM CRUTCH EACH	MNF	\$69.38	
E0153	RR		PLATFORM ATTACHMENT FOREARM CRUTCH EACH	MNF	\$7.84	
DECUBITUS CARE EQUIPMENT						
A4640	RP		REPLACEMENT PAD FOR USE W/MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	MNF	\$55.00	
E0180	NU		PRESSURE PAD ALTERNATING WITH PUMP	MNF	\$249.00	
E0180	RR		PRESSURE PAD ALTERNATING WITH PUMP	MNF	\$26.00	
E0182	NU		PUMP FOR ALTERNATING PRESSURE PAD	MNF	\$194.00	
E0182	RR		PUMP FOR ALTERNATING PRESSURE PAD	MNF	\$22.00	
E0184	NU		DRY PRESSURE MATTRESS	MNF	\$193.74	
E0185	NU		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH AND WIDTH	MNF	\$318.28	
E0185	RR		DECUBITUS CARE PAD FLOTATION OR GEL PAD WITH FOAM LEVELING PAD (MATTRESS SIZE)	MNF	\$34.00	
E0186	NU		AIR PRESSURE MATTRESS	MNF	\$300.00	
E0187	NU		WATER PRESSURE MATTRESS	MNF	\$300.00	
E0196	NU		GEL PRESSURE MATTRESS	MNF	\$300.00	
E0217	NU		WATER CIRCULATING HEAT PAD WITH PUMP	MNF	\$51.90	
E0218	NU		WATER CIRCULATING COLD PAD WITH PUMP	MNF	\$51.90	
DIABETIC SHOES AND INSERTS						
A5500	NU		FOR DIABETICS ONLY OFF-THE-SHELF DEPTH-INLAY SHOE MAN. TO ACC. MULTIDENSITY INSERTS PER SHOE	MN	\$46.08	
A5501	NU		DIABETICS ONLY CUSTOM SHOE MOLDED FROM CAST OF PATIENTS FOOT CUSTOM MOLDED SHOE PER SHOE	MN	\$156.20	
A5503	NU		DIABETICS ONLY OFFTHESHELF DEPTHINLAY W/ROLLER OR RIGID ROCKER BOTTOM PER SHOE	MN	\$26.40	
A5504	NU		DIABETICS ONLY OFFTHESHELF DEPTH INLAY SHOE OR CUSTOM MOLDED WITH WEDGES PER SHOE	MN	\$26.40	
A5505	NU		DIABETICS ONLY OFFTHESHELF DEPTH INLAY SHOE OR CUSTOM MOLDED WITH METATARSAL BAR PER SHOE	MN	\$26.40	
A5506	NU		DIABETICS ONLY OFFTHESHELF DEPTH INLAY OR CUSTOM MOLDED WITH OFF-SET HEEL PER SHOE	MN	\$26.40	
A5507	NU		DIABETICS ONLY OFF THE SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE PER SHOE.	MN	\$15.30	
TOTAL PARENTERAL NUTRITIION						
B9004	RR		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	MNF	\$354.30	
WALKERS						
E0130	NU		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	MNF	\$50.00	
E0130	RR		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	MNF	\$4.50	
E0135	NU		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	MNF	\$80.00	
E0135	RR		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	MNF	\$8.00	
E0140	NU		WALKER WITH TRUNK SUPPORT ADJUST. OR FXD HEIGHT ANY TYPE	MNF	\$360.71	
E0140	RR		WALKER WITH TRUNK SUPPORT ADJUST. OR FXD HEIGHT ANY TYPE	MNF	\$36.08	
E0141	NU		RIGID WHEELED WALKER ADJ/FX	MNF	\$63.00	
E0141	RR		RIGID WHEELED WALKER ADJ/FX	MNF	\$6.60	
E0143	NU		WALKER FOLDING WHEELED W/O S	MNF	\$114.00	
E0143	RR		WALKER FOLDING WHEELED W/O S	MNF	\$10.00	
E0144	NU		ENCLOSED WALKER W REAR SEAT	MNF	\$318.45	
E0144	RR		ENCLOSED WALKER W REAR SEAT	MNF	\$31.86	
E0147	NU		WALKER VARIABLE WHEEL RESIST	MNF	\$574.81	
E0147	RR		WALKER VARIABLE WHEEL RESIST	MNF	\$57.48	

E0148	NU		WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE EACH	MNF	\$127.05	
E0148	RR		WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE EACH	MNF	\$12.72	
E0149	NU		HEAVY DUTY WHEELED WALKER	MNF	\$223.20	
E0149	RR		HEAVY DUTY WHEELED WALKER	MNF	\$22.32	
E0154	NU		PLATFORM ATTACHMENT WALKER EACH	MNF	\$70.51	
E0154	RR		PLATFORM ATTACHMENT WALKER EACH	MNF	\$8.56	
E0155	NU		WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR	MNF	\$26.70	
E0156	NU		SEAT ATTACHMENT WALKER	MNF	\$18.00	
E0157	NU		CRUTCH ATTACHMENT WALKER EACH	MNF	\$69.63	
E0157	RR		CRUTCH ATTACHMENT WALKER EACH	MNF	\$7.64	
E0158	NU		LEG EXTENSIONS FOR A WALKER PER SET OF FOUR (4)	MNF	\$22.60	
E0159	NU		BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH	MNF	\$17.87	
COMMODOES, BED PANS AND URINALS						
E0163	NU		COMMODE CHAIR STATIONARY WITH FIXED ARMS	MNF	\$90.00	
E0163	RR		COMMODE CHAIR STATIONARY WITH FIXED ARMS	MNF	\$10.00	
E0164	NU		COMMODE CHAIR MOBILE WITH FIXED ARMS	MNF	\$94.00	
E0164	RR		COMMODE CHAIR MOBILE WITH FIXED ARMS	MNF	\$8.00	
E0165	NU		COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	MNF	\$136.00	
E0165	RR		COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	MNF	\$18.00	
E0166	NU		COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	MNF	\$145.00	
E0166	RR		COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	MNF	\$21.00	
E0167	RP		PAIL OR PAN FOR USE WITH COMMODOE CHAIR	MNF	\$12.00	
E0168	NU		COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR MOBILE WITH OR WITHOUT ARMS ANY TYPE	MNF	\$150.92	
E0168	RR		COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR MOBILE WITH OR WITHOUT ARMS ANY TYPE	MNF	\$15.17	
E0175	NU		FOOT REST FOR USE WITH COMMODOE CHAIR EACH	MNF	\$56.30	
E0175	RR		FOOT REST FOR USE WITH COMMODOE CHAIR EACH	MNF	\$5.63	
E0275	NU		BED PAN STANDARD METAL OR PLASTIC	MNF	\$13.01	
E0276	NU		BED PAN FRACTURE METAL OR PLASTIC	MNF	\$11.31	
E0325	NU		URINAL MALE JUG TYPE ANY MATERIAL	MNF	\$4.20	
E0326	NU		URINAL FEMALE JUG TYPE ANY MATERIAL	MNF	\$4.20	
PATIENT LIFT TRAPEZE						
E0621	NU		SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	MNF	\$81.59	
E0630	NU		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	MNF	\$900.00	
E0630	RR		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	MNF	\$90.00	
E0910	NU		TRAPEZE BARS AKA PATIENT HELPER ATTACHED TO BED WITH GRAB BAR	MNF	\$134.00	
E0910	RR		TRAPEZE BARS AKA PATIENT HELPER ATTACHED TO BED WITH GRAB BAR	MNF	\$19.00	
E0940	NU		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	MNF	\$287.00	
E0940	RR		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	MNF	\$34.60	
WHEELCHAIR ACCESSORIES						
E0950	NU		TRAY	MN	\$88.36	
E0960	NU		W/C SHOULDER HARNESS/STRAP	MN	\$90.98	
E0956	NU		LATERAL TRUNK OR HIP SUPPORT W/C ACCESS	MN	\$98.58	
E0957	NU		MEDIAL THIGH SUPPORT ANY TYPED INCLUDING FSD MNTG W/C ACCESS	MN	\$137.93	
E0955	NU		HEADREST CUSHIONED ANY TYPE INCLUDING FXD MNTG WHEELCHAIR ACCESS	MN	\$202.18	
ORTHOTICS						
L3160	NU		FOOT ADJUSTABLE SHOE-Styled POSITIONING DEVICE	MN	\$13.98	
L3911	NU		PREFAB HAND FINGER ORTHOSIS	MN	\$18.08	
L3520	NU		INSOLE FELT COVERED WITH LEATHER	MN	\$22.40	
L3595	NU		MARCH BAR	MN	\$29.57	
L3031	NU		FOOT LAMIN/PREPREG COMPOSITE	MN	\$38.76	
K0634	NU		LUMBAR ORTHOSIS FLEXIBLE PROVIDES LUMBAR SUPPORT POSTERIOR EXTENDS FROM	MN	\$44.12	
L3260	NU		AMBULATORY SURGICAL BOOT EAC	MN	\$50.00	
K0632	NU		SACROILIAC ORTHOSIS PROVIDES PELVIC/SACRAL SUPPORT WITH RIGID OR SEMI RIGID	MN	\$57.23	
K0635	NU		LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANELS POSTERIOR	MN	\$62.45	
K0637	NU		LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO SACRAL SUPPORT POSTERIOR	MN	\$67.21	
L3917	NU		PREFAB METACARPL FX ORTHOSIS	MN	\$77.00	
E1820	NU		SOFT INTERFACE MATERIAL DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE		\$80.19	
K0630	NU		SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC-SACRAL SUPPORT	MN	\$90.57	

E1821	NU	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	MN	\$105.25	
K0639	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANELS	MN	\$129.73	
L2860	NU	ADDITION TO LOWER EXTREMITY JOINT KNEE OR ANKLE CONCENTRIC ADJUSTABLE TORSION-STYLE MECHANISM EA	MN	\$207.28	
K0642	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIOR	MN	\$229.72	
K0631	NU	SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC/SACRAL SUPPORT	MN	\$232.39	
L1831	NU	KNEE ORTHOPOS LOCKING JOINT	MN	\$235.78	
K0638	NU	LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT POSTERIOR	MN	\$239.31	
L3890	NU	ADDITION TO UPPER EXTREMITY JOINT WRIST OR ELBOW CONCENTRIC ADJUSTABLE TORSION-STYLE MECHANISM EA.	MN	\$264.56	
K0636	NU	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS	MN	\$329.29	
E1806	NU	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH ROM ADJUSTMENT INCLUDES CUFFS	MN	\$329.60	
E1816	NU	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH ROM ADJUSTMENT INCLUDES CUFFS	MN	\$333.90	
K0643	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIOR	MN	\$347.23	
L3760	NU	WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	MN	\$364.60	
L1971	NU	AFO W/ANKLE JOINT PREFAB	MN	\$375.49	
L1907	NU	AFO SUPRAMALLEOLAR CUSTOM	MN	\$450.75	
E1801	NU	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH ROM ADJUSTMENT INCLUDES CUFFS	MN	\$589.40	
E1811	NU	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEVICE WITH ROM ADJUSTMENT INCLUDES CUFFS	MN	\$598.60	
L1951	NU	AFO SPIRAL PREFABRICATED	MN	\$672.79	
L1932	NU	AFO RIGID ANTERIOR TIBIAL SECTION TOTAL CARBON FIBER OR EQUAL	MN	\$714.87	
K0644	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID	MN	\$805.71	
K0640	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND	MN	\$822.39	
K0649	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL PANEL	MN	\$838.26	
K0646	NU	LUMBAR SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR	MN	\$954.14	
K0648	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL PANEL	MN	\$954.14	
K0641	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND	MN	\$987.67	
K0647	NU	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND	MN	\$1,056.59	
E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	MN	\$1,145.80	
E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	MN	\$1,165.20	
E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	MN	\$1,181.70	
E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	MN	\$1,181.70	
E1825	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	MN	\$1,181.70	
E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	MN	\$1,181.70	
E1818	NU	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH ROM ADJUSTMENT	MN	\$1,301.00	
K0645	NU	LUMBAR SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID	MN	\$1,325.29	
L2005	NU	KNEE AND FOOT ORTHOSIS ANY MATERIAL SINGLE OR DOUBLE UPRIGHT STANCE	MN	\$2,883.69	
E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	MN	\$3,579.70	
PROSTHETICS					
L8512	NU	GEL CAP FOR TRACH VOICE PROST	MNF	\$1.73	
L8513	NU	TRACH PROS CLEANING DEVICE	MNF	\$4.17	
L8511	NU	INDWELLING TRACH INSERT	MNF	\$58.40	
L8514	NU	REPL TRACH PUNCTURE DILATOR	MNF	\$75.70	
L5671	NU	ADDITION TO LOWER EXTREMITY; BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE LANYARD OR)	MN	\$500.06	
L8500	NU	ARTIFICIAL LARYNX	MN	\$601.85	
L5990	NU	ADDITION TO LOWER EXTREMITY PROSTHESIS USER ADJUSTABLE HEEL HEIGHT	MN	\$1,456.19	
L5857	NU	ADDITION FOR ENDOSKELETAL KNEE-SHIN SYSTEM	MN	\$6,832.81	
L5856	NU	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM	MN	\$19,264.21	